

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591658

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2						
3	/					
4	2					
5	0	0				
6	0	0				
7	/					
8	/					
9	/					
10	/					
11						
12	/					
13	0	0				
14	0	0				
15	0	0				
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50						
TOTAL IND.	2		↓		↓	↓
TOTAL DEP.	14	←	←	←	←	←
TOTAL CLAIMS	18	QR	QR	QR	QR	QR

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	←
TOTAL CLAIMS		QR	QR	QR	QR	QR